

Pine Ridge Vacation Bible School Registration

June 18-22, 2018

(One form per child)

Child's name: _____

Grade completed: _____ Birthday: _____ Age: _____

Parent/Guardian: _____

Address: _____

Cell phone: _____ Alternate phone: _____

Parent/Guardian email: _____

Name of church you attend: _____

Emergency contact name and phone: _____

Special needs (allergies, medical or other): _____

Doctor name and phone number: _____

Persons who are authorized to pick up my child: _____

Note: We email and/or text for ALL communication; please include an email and/or cell phone number that you check daily.

(Child's name) _____ has permission to participate in all activities at Vacation Bible School. I will be responsible for my child's behavior in every activity at the camp. In case of accident, he/she may receive medical treatment. (We would make every attempt to contact you before treating your child.)

I give my permission for Pine Ridge Presbyterian Church to use my child's image in promotional materials and publications. _____ Yes _____ No

Signature of Parent/Guardian

Date

Office use only

Amount paid: _____ Check No.: _____ Date paid: _____